



STATE OF IOWA  
MASTER AGREEMENT

MA# 005 CT1442X

EFFECTIVE BEGIN DATE: 04-01-2004  
EXPIRATION DATE: 03-31-2005  
PAGE: 1 of 3

BUYER : JEANETTE CHUPP  
Jeanette.Chupp@iowa.gov  
515-281-6288

PAYMENT TERMS (%): DAYS:

**VENDOR:**

Dade Behring  
Dept 2230  
135 S Lasalle St  
Chicago, IL 60674-2230  
USA

**VENDOR CONTACT:**

MARY ELLEN EDWARDS  
**PHONE:** 302-631-8509 **EXT:**  
**EMAIL:**  
**VENDOR #:** 36394953302

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**DESCRIPTION OF ITEMS CONTRACTED**

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**REAGENTS FOR SYVA TESTS**

Contract To Provide Reagents And Supplies For Syva Testing Equipment Pursuant To The Specifications, Terms And Conditions Of Sealed Bid No. Bd70200s051 Dated March 28, 2002, On File With The Department Of Administrative Services, General Services Enterprise, Hoover Building, Level A, Des Moines, Iowa, 50319-0105. 12-23-03...Contract Revised To New Payment Address Fein 36394953302 Dade Behring, Dept. 2230, 135 S. Lasalle St., Chicago, Il.60674-2230 (Per Newton Invoice #92882501 Dated 11-17-03) Syva Contract Administration Is Handled By Kumi Nishiura At Syva Company/Dade Behring, Inc., 20400 Mariani Avenue, Cupertino, California, 95014, Who Can Be Reached At: Phone: 408-446-1204 Or Fax 408-446-1431 Pricing Is Extended To Those Institutions Who Elect To Use Syva Ets And Syva Edms Systems/Equipment On An Voluntary Basis. This May Include Anamosa, Mt.Pleasant, Oakdale, Clarinda, Newton, Mitchellville And Fort Madison. Contract Pricing Shall Be Per The January 2002, Syva Price List For: 1.) Therapeutic Drug Monitoring Products Including: \* Assays For General Chemistry Analyzers As Follows..... Emit 2000 Antiasthmatic Drug Assay 4p019, Theophylline Assay.....28 MI, 14 MI.....\$271.00 4p109 Theophylline Calibrators, 1 X 5 MI, 5 X 2 MI .....\$ 63.00 Emit 2000 Antiepileptic Drug Assays 4f019, Carbamazepine Assay, 28 MI, 14 MI .....\$271.00 4f109, Carbamazepine Calibrators, 1 X 5 MI, 5 X 2 MI.....\$ 63.00 4d019, Phenobarbital Assay, 28 MI, 14 MI .....\$27

**RENEWAL PERIODS REMAINING**

**THRESHOLDS**

**MINIMUM ORDER AMOUNT:**  
**MAXIMUM ORDER AMOUNT:**  
**NOT TO EXCEED AMOUNT:**

**AUTHORIZED DEPARTMENT**  
ALL

**TOTAL \$0.00**

**VENDOR:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_

**THIS MA IS SUBJECT TO THE TERMS AND  
CONDITIONS ATTACHED HERETO.  
PLEASE SEE ATTACHMENTS FOR  
FURTHER DESCRIPTIONS.**



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LINE NO.	QUANTITY / SERVICE DATES	UNIT	COMMODITY / DESCRIPTION	UNIT COST
1	0.00000		94855500503	\$0.000000
			BLOOD CHEMISTRY SCREEN, PARTIAL OR COMPLETE	
999	0.00000		96286	\$0.000000
			Transportation of Goods and Other Freight Services	



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**TERMS AND CONDITIONS**

**N30**  
NET 30 DAYS